

**CITY OF CHELSEA  
LICENSING DEPARTMENT  
500 BROADWAY ROOM 307 CHELSEA, MA 02150**

**WAGE THEFT CERTIFICATION FORM**

Pursuant to M.G.L. c. 149, M.G.L. c. 151, I certify under penalties of perjury that, neither this Company nor any of its owners/managers, have been subject to a federal or state criminal or civil judgment, administrative citation, final administrative determination, order or debarment resulting from a violation of M.G.L. c. 149, M.G.L. c. 151, the Fair Labor Standards Act or any other state or federal laws regulating the payment of wages within three (3) years to the date of the License.

Or, I certify that this Company and/or its owners/manager, have provided copies of any and all of the above to the City prior to the date of the renewal of any license and any required wage bond or insurance; and certifies, that while the License is in effect, it will report any instance of the above to the City within five (5) days of business' receipt.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Federal Tax ID No. or Social Security No.

\_\_\_\_\_  
Date

**RESPONDENTS MUST SUBMIT THIS COMPLETED FORM WITH APPLICATION AND/OR RENEWAL.**